

# Westmount High School

## REGISTRATION PACKAGE

### 2024-2025



**In order for your child's registration to be complete, Westmount must be in possession of the following documents:**

- Westmount High School Information Form
- Original Long Version Birth Certificate (with parent names)
- Proof of Residence, if child was born outside of Quebec
  - ( ) Category 1     ( ) Category 2
- Original Eligibility Certificate
- Latest report card and last year final report card
- Original Immigration Documentation (if applicable)
  - Canadian Citizenship Papers if child was born outside of Canada
  - Work Permit
  - Study Permit
- Course Selection Sheet
- EMSB Consent to Photograph Form
- Authorization for Release of Information Form
- Parent Questionnaire
- Emergency Health Record
- Inter-board Agreement (if applicable)
- \$90.00 certified cheque, debit/credit card or cash to cover the basic school fee\*

\*Please note that a full refund will be issued if the student is not accepted by the school

# WESTMOUNT HIGH SCHOOL

## Information Form

### **STUDENT INFORMATION** ( Please print clearly )

Family Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Given Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Main Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
Mother Tongue: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Name of Present School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Present Program:  English  French  Immersion French  
Siblings Presently at WHS: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION** (Please print clearly)

Name of person(s) Legally Responsible: \_\_\_\_\_  
Parent 1 Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
**Email (required):** \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent 2 Name: \_\_\_\_\_ Relationship to student: : \_\_\_\_\_  
**Email (required):** \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**Student living with:**  Both Parents  Parent 1  Parent 2  Guardian  
*If applicable:*  Joint custody  Sole custody

Parent 1 Address: \_\_\_\_\_ apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
Parent 2 Address: \_\_\_\_\_ apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_

#### **If Guardian is NOT Parent**

Guardian's Name: \_\_\_\_\_ **Email Address** (required): \_\_\_\_\_  
Guardian's Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION** (Please print clearly)

(In case parent or guardian cannot be contacted at home, by cell or at work)

Contact's Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Tel.# \_\_\_\_\_ Cell # \_\_\_\_\_ Work Tel.# \_\_\_\_\_

Date: \_\_\_\_\_ Legal Parent/Guardian Signature: \_\_\_\_\_



**APPENDIX A**

**Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email**

During the course of the school year, students at Westmount High School are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either Yes or No below to indicate whether you wish to give or not give your consent.

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

\_\_\_\_\_

**I hereby release the school and the School Board from any liability or damages resulting from or connected with:**

**The photographing, recording or video of a student:**      **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**The publishing, displaying, distribution or broadcasting of image/work:**      **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**The assignment of an email address:**      **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Parent / Guardian / Adult Student

**Date:** \_\_\_\_\_

Please return this signed with your child's registration.

# WESTMOUNT HIGH SCHOOL

To be completed by Parent/Guardian

**Parents, please take the time to complete the following to get a more accurate portrait of who your child is – a portrait that a report card cannot fully represent.**

**Student's Name:** \_\_\_\_\_  
Family Name Given Name

**Parent/Guardian Name:** \_\_\_\_\_  
Family Name Given Name

## **Student's Academic History**

*Student's Previous Schools:* \_\_\_\_\_ *Grade(s) :* \_\_\_\_\_  
\_\_\_\_\_ *Grade(s) :* \_\_\_\_\_  
\_\_\_\_\_ *Grade(s) :* \_\_\_\_\_

*What is the last grade your child successfully completed?* \_\_\_\_\_

*Has your child ever received any academic, sports, improvement or behavior awards?*

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Has your child ever skipped a level or been accelerated in a subject?*

\_\_\_\_\_  
*Has your child ever repeated a level? Indicate level:* \_\_\_\_\_

*Has your child had remedial help? Please indicate subject(s), level(s) and frequency.*

\_\_\_\_\_  
\_\_\_\_\_

*Has your child ever had an individualized educational plan or other resource services?*

Yes      If yes, please include copy of the IEP       No

*Is there anything about your child's behavior that you would want us to know or which will help us to understand him/her better? You may include interests, hobbies, study patterns, health issues, social issues, strengths and weaknesses.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### AUTHORIZATION TO RELEASE INFORMATION

Student`s Family Name	Student`s First Name
Student`s Date of Birth (Year/Month/Day)	Permanent Code
Parent 1 Family Name                      First Name	Parent 2 Family Name                      First Name
Relationship to Student:	Relationship to Student:

I, the undersigned authorize

Person`s Name and Title
Name of Present School:
Address
City/Province/Postal Code

to send the following information

- Psychological/psycho-educational
- Psychiatric (full diagnostic report)
- Speech/language
- Occupational therapy
- Academic reports (e.g. IEP, Progress notes)
- Other: \_\_\_\_\_

concerning the above-mentioned child to:

*Student Services  
Westmount High School  
4350 St. Catherine Street West  
Westmount, Quebec, H3Z1R1*

Signature of Parent or Authorized Person	Date (Year/Month/Day)
Witness to the Signature	Date (Year/Month/Day)

# Emergency Health Records

## 2024-2025

### WESTMOUNT HIGH SCHOOL

#### General information

Name (student) : \_\_\_\_\_ School grade : \_\_\_\_\_

First name : \_\_\_\_\_ Class room number : \_\_\_\_\_

Address : \_\_\_\_\_ Language spoken at home : \_\_\_\_\_

Postal code: \_\_\_\_\_ Date of birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Gender : F  M  Other:  \_\_\_\_\_

Health insurance No : 

--	--	--	--	--	--	--	--	--	--	--	--

 Expiry date : \_\_\_\_\_ / \_\_\_\_\_  
Year Month

Access to private group health insurance  Access to public group health insurance

**Please fill out (in case of emergency contact):**

PARENT 1	PARENT 2
Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____	Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____
OTHER	GUARDIAN
Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____	Last Name : _____ First name: _____ _____ ☎ home : _____ ☎ work : _____ ☎ other : _____

In order to insure the security of your child, the school must be informed of health problems that **might require immediate intervention** at school (severe allergy to food or insect bites, diabetes...).

Does your child suffer from such a health problem? Yes  If yes, complete the back of the sheet  
 No

Please **inform the school of any change** that might occur during the present school year.

N.B.: The information contained in this sheet will only be transmitted to the school nurse and to the school staff who may be required to assist your child in case of emergency.

\_\_\_\_\_  
 Signature of parent/guardian Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

# Emergency Health Records 2024-2025

## WESTMOUNT HIGH SCHOOL

### Additional information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year: Yes  No

Does your child suffer from:

<b>SEVERE ALLERGY : To</b>	➤ Food :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	➤ Insect bites:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	➤ Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>or ASTHMA :</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, specify : _____			
<b>Emergency medication :</b>	Yes <input type="checkbox"/>	EpiPen or Twinject or Allerject :	Yes <input type="checkbox"/> No <input type="checkbox"/>
	No <input type="checkbox"/>	Other :	_____

<b>DIABETES:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Emergency medication :</b>	Yes <input type="checkbox"/>	Specify : _____
	No <input type="checkbox"/>	
<input type="checkbox"/> Emergency care plan:	_____	
Other information in case of emergency	_____	

<b>OTHERS :</b> Does your child suffer from any other problems that <b>may require immediate assistance</b> at school ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, specify : _____		
<b>Medical recommendation in case of emergency :</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify : _____		

<b>I authorize the CSSS to keep this information on file, in a confidential manner and I authorize the CSSS nurse to transmit the information contained in this document to the school staff who may have to intervene in case of emergency.</b>		
_____	Date : _____ / _____ / _____	
Signature of parent/guardian	Year	Month Day

<b>Changes in the state of health</b> (during the school year):
_____
_____
_____
_____
_____



# Westmount High School

A College Board Advanced Placement School

4350 Ste. Catherine Street West, Westmount, QC H3Z 1R1

Tel.: 514-933-2701 Fax: 514-933-2663

www.emsb.qc.ca/westmount



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## Course Selection (2024-2025)

## Cycle 2 / Year 1 (Secondary 3)

Family Name:

First Name:

Homeroom:

The following are the **Cycle 2 / Year 1 (Secondary 3)** programs offered at Westmount High School.

Please select either the **English** or the **Immersion** program.

# of Periods	634300 French Local Programme ( <i>office use only</i> )	
	<input type="checkbox"/> English Program	<input type="checkbox"/> Immersion Program
6	634306 French, Second Language	635306 Français Enrichi
6	555306 Science and Technology	055306 Science et technologie
4	585304 History Of Quebec and Canada	085304 Histoire du Québec et Canada
2	543302 Physical Education and Health	543302 Physical Education and Health
6	632306 English, Language Arts Regular <input type="checkbox"/>	OR Pre-AP* <input type="checkbox"/>
6	563306 Mathematics Regular <input type="checkbox"/>	OR 565426 AP * <input type="checkbox"/>

\* Final placement to be determined by the school.

Students will have one Elective course below. Please number all courses in the order of preference ( 1, 2, 3 )

# of Periods	Consumer Science	Pre-AP Science	Robotics
3	<input type="checkbox"/>	558344 <input type="checkbox"/>	<input type="checkbox"/>
	620344	<i>Pre-requisite : a mark of 75% or greater in Sec. 2 Math and Science to be eligible for Pre-AP Science</i>	562352

# of Periods	Arts Education:	Students will have one ARTS option. Please number all courses in order of preference (1, 2, and 3).	
3	<input type="checkbox"/>	<b>**Previous Music knowledge needed</b>	
		<input type="checkbox"/> Drama 670302	<input type="checkbox"/> Music ** 669302
36		<input type="checkbox"/> Pre-AP Visual Arts 668302	

I will **not** be returning to Westmount High School for the 2024/25 school year.

Reason if not returning: \_\_\_\_\_

Signature of Student

Signature of Parent/Guardian

Date





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## Student and Course Selection: 2024-2025

- All students shall adhere to the school uniform and purchase it from our supplier.
- All students are expected to arrive on time and attend all scheduled classes daily.
- All students must work to the best of their abilities and cooperate with their teachers.
- Students are expected to be respectful towards each other, the staff, and any other adult.
- There will be zero tolerance for any student who makes it difficult for a teacher to teach or student to learn.

We have read the Westmount High School course selection sheet and expectations. We understand the contents and shall adhere to its implications.

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
Student's signature

Date: \_\_\_\_\_

Parent/Guardian's e-mail: \_\_\_\_\_

No registration shall be accepted without the parent (or legal guardian) **and** student's signatures.